FORM **DP-175** 

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

## **GENERAL INSTRUCTIONS**

	NEW HAMPSHIRE'S REVENUE ADMINISTRATION BANK ACCOUNT INFORMATION WILL BE PROVIDED TO YOU ALONG WITH THE DEPARTMENT'S APPROVAL FOR THE NEW HAMPSHIRE EFT ACH CREDIT PROGRAM.			
WHO MUST FILE	New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by Electronic Funds Transfer (EFT), either by the ACH Credit or ACH Debit method. Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also voluntarily participate in New Hampshire's EFT programs.			
WHAT TO FILE	If you meet the mandatory threshold to make your tax payments via ACH Credit, you must submit this form to register as an ACH Credit taxpayer with the New Hampshire Department of Revenue Administration. If you are below the mandatory threshold, but wish to voluntarily participate in the ACH Credit program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the primary and a secondary contact person(s) for ACH Credit purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the ACH Credit Program Information Guide. Please contact the Department of Revenue Administration at (603) 271-2192 for the complete EFT ACH Credit Program Guide.			
WHEN TO FILE	This form must be filed at least 30 days prior to the due date of your first ACH Credit payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. Any changes of financial institution and contacts require additional prenote tests.			
PRENOTE TEST	All taxpayers participating in New Hampshire's ACH Credit program are required to complete a <b>successful</b> Prenote Test at least 10 calendar days prior to the due date of their first ACH Credit payment. Do not send payment via ACH Credit until you have received confirmation of a successful prenote.			
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.			
NEED HELP	Call Central Taxpayer Services at (603) 271-2191. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.			

## **Electronic Funds Transfer ACH Credit Registration for Business Tax Payments**

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PLEASE PRINT OR TYPE			T		
TAXPAYER NAME	PROPRIETOR'S SOCIAL SECURITY NUMBER				
BUSINESS NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER				
			DEPARTMENT IDENTIFICATION NUMBER		
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	Check one of the following:				
1 Proprietorsh	ip 2 Corporation 3 Partn	ership 4 Fiduciary			
	NOTE: If you	u are a Corporation and a			
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NUMBER & STREET ADDRE	SS				
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CITY/TOWN, STATE & ZIP C	ODE				
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FOR DRAUSE ONLY					
	NH DEPT OF REVENUE ADMINISTRATION	FOR DRA USE ONLY			
	MAIL DOCUMENT PROCESSING DIVISION	Approved by:			
	TO: PO BOX 1004	, .pp. 0 v 0 a by			
	CONCORD NH 03302-1004	Date:			

THIS REGISTRATION IS FOR THE ACH CREDIT PROGRAM ONLY. FOR INFORMATION ON NH'S ACH DEBIT PROGRAM VISIT US ON THE WEB AT  $\underline{WWW.REVENUE.NH.GOV}$ . YOU DO NOT HAVE TO REGISTER TO FILE ACH DEBIT.